

Procedure Code	Description	Rate
300	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF LARYNX	\$0.00
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$42.00
3001	MARSUPIALIZATION OF LARYNGEAL CYST	\$0.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$42.00
3009	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF LARYNX	\$0.00
301	HEMILARYNGECTOMY	\$0.00
30100	BIOPSY, INTRANASAL	\$25.20
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$50.40
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$75.60
30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	\$75.60
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY	\$75.60
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$75.60
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$42.00
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$42.00
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	\$84.00
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	\$84.00
30150	RHINECTOMY; PARTIAL	\$364.50
30160	RHINECTOMY; TOTAL	\$261.50
302	OTHER PARTIAL LARYNGECTOMY	\$0.00
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$24.97
3021	EPIGLOTTIDECTOMY	\$0.00
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$25.20
3022	VOCAL CORDECTOMY	\$0.00
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$57.76
3029	OTHER PARTIAL LARYNGECTOMY	\$0.00
303	COMPLETE LARYNGECTOMY	\$0.00
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$25.20
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$25.20
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$25.20
304	RADICAL LARYNGECTOMY	\$0.00
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$244.40
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELE	\$378.00

Procedure Code	Description	Rate
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$294.00
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$84.82
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$190.87
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$351.50
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	\$396.00
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	\$795.67
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	\$445.41
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	\$294.00
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$285.60
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$419.32
30560	LYSIS INTRANASAL SYNECHIA	\$25.20
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$243.60
30600	REPAIR FISTULA; ORONASAL	\$168.00
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$294.00
30630	REPAIR NASAL SEPTAL PERFORATIONS	\$199.51
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG, ELECTROCAUTERY	\$25.20
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG; ELECTROCAUTERY, RADIO	\$25.20
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	\$25.20
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	\$25.20
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	\$58.80
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT	\$58.80
30915	LIGATION ARTERIES; ETHMOIDAL	\$210.00
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$210.00
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	\$25.20
30999	UNLISTED PROCEDURE, NOSE	\$0.00
310	INJECTION OF LARYNX	\$0.00

Procedure Code	Description	Rate
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$25.20
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$42.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$120.54
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	\$304.44
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	\$345.31
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$242.28
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$243.60
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	\$243.60
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$192.78
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)	\$378.00
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	\$378.00
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	\$378.00
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$378.00
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$378.00
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$378.00
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$378.00
31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)	\$571.20
311	TEMPORARY TRACHEOSTOMY	\$0.00
312	PERMANENT TRACHEOSTOMY	\$0.00
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$168.00
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$252.00
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$243.60
3121	MEDIASTINAL TRACHEOSTOMY	\$0.00
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$243.60
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	\$369.60
31231	NASAL ENDOSCOPY, DIAGNOSTICS UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$67.20
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	\$77.81
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	\$126.00
31237	NASAL/SINUS ENDOSCOPY, SURGICAL;WITH BIOPSY, POLYPECTOMY OR DIBRIDMENT	\$93.91
31238	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH CONTROL OF EPISTAXIS	\$112.00

Procedure Code	Description	Rate
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$126.00
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$104.00
31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	\$233.03
31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)	\$351.09
31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	\$154.18
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS	\$237.36
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM SINUS	\$306.92
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPENOIDOTOMY;	\$194.82
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	\$217.74
3129	OTHER PERMANENT TRACHEOSTOMY	\$0.00
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION	\$194.82
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	\$194.82
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	\$194.82
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	\$194.82
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$194.82
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG,BALLOON DILATION) TRANSNASAL	\$106.50
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	\$127.14
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	\$104.23
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	\$0.00
313	OTHER INCISION OF LARYNX OR TRACHEA	\$0.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	\$547.58
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	\$185.97
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	\$613.20
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	\$714.00

Procedure Code	Description	Rate
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	\$613.20
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	\$714.00
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	\$613.20
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	\$613.20
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	\$613.20
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	\$613.20
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	\$613.20
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	\$613.20
314	DIAGNOSTIC PROCEDURES ON LARYNX AND TRACHEA	\$0.00
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$336.00
3141	TRACHEOSCOPY THROUGH ARTIFICIAL STOMA	\$0.00
3142	LARYNGOSCOPY AND OTHER TRACHEOSCOPY	\$0.00
31420	EPIGLOTTIDECTOMY	\$210.00
3143	CLOSED [ENDOSCOPIC] BIOPSY OF LARYNX	\$0.00
3144	CLOSED [ENDOSCOPIC] BIOPSY OF TRACHEA	\$0.00
3145	OPEN BIOPSY OF LARYNX OR TRACHEA	\$0.00
3148	OTHER DIAGNOSTIC PROCEDURES ON LARYNX	\$0.00
3149	OTHER DIAGNOSTIC PROCEDURES ON TRACHEA	\$0.00
315	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF TRACHEA	\$0.00
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$42.00
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.45
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$21.08
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	\$26.96
31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	\$48.90
31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	\$61.88
31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	\$123.43
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$64.40
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$84.00
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$84.00
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE	\$84.00
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$84.00
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL	\$84.00

Procedure Code	Description	Rate
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT	\$42.00
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$155.01
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE	\$168.00
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$126.00
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	\$126.00
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	\$168.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH O	\$168.00
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON	\$209.29
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-PLASTI	\$319.51
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$168.00
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$168.00
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$126.00
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE	\$126.00
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$42.00
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$96.26
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$135.60
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$165.74
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC; WITH STROBOSCOPY	\$84.00
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	\$587.00
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING TRACHEOTOMY	\$569.42
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	\$613.20
31587	LARYNGOPLASTY, CRICOID SPLIT	\$334.78
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)	\$408.80
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$733.19

Procedure Code	Description	Rate
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	\$393.35
31599	UNLISTED PROCEDURE, LARYNX	\$0.00
316	REPAIR OF LARYNX	\$0.00
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	\$172.34
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	\$184.80
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$184.80
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$172.76
3161	SUTURE OF LACERATION OF LARYNX	\$0.00
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$184.80
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOI	\$279.74
31612	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)	\$56.00
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$131.71
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$284.01
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$84.00
3162	CLOSURE OF FISTULA OF LARYNX	\$0.00
31620	ENDBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S)	\$147.58
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING	\$117.60
31623	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER	\$130.65
31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	\$122.19
31625	BRONCHOSCOPY; WITH BIOPSY	\$126.00
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL	\$241.90
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED	\$666.47
31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$126.00
31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	\$117.60
3163	REVISION OF LARYNGOSTOMY	\$0.00
31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	\$126.00
31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	\$126.00

Procedure Code	Description	Rate
31632	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY	\$40.25
31633	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE	\$49.54
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION,	\$125.49
31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$182.25
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S)	\$131.48
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS	\$46.85
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL	\$145.92
3164	REPAIR OF LARYNGEAL FRACTURE	\$0.00
31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	\$210.00
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR	\$210.00
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S)	\$102.58
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	\$117.60
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	\$58.80
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	\$137.05
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	\$143.24
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	\$45.00
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	\$47.68
31660	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 1 LOBE	\$137.46
31661	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	\$145.10
3169	OTHER REPAIR OF LARYNX	\$0.00

Procedure Code	Description	Rate
317	REPAIR AND PLASTIC OPERATIONS ON TRACHEA	\$0.00
3171	SUTURE OF LACERATION OF TRACHEA	\$0.00
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$61.51
3172	CLOSURE OF EXTERNAL FISTULA OF TRACHEA	\$0.00
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL	\$25.20
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	\$56.02
3173	CLOSURE OF OTHER FISTULA OF TRACHEA	\$0.00
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY	\$78.00
3174	REVISION OF TRACHEOSTOMY	\$0.00
3175	RECONSTRUCTION OF TRACHEA AND CONSTRUCTION OF ARTIFICIAL LARYNX	\$0.00
31750	TRACHEOPLASTY; CERVICAL	\$397.11
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$236.84
31760	TRACHEOPLASTY; INTRATHORACIC	\$630.00
31766	CARINAL RECONSTRUCTION	\$814.80
31770	BRONCHOPLASTY; GRAFT REPAIR	\$584.22
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	\$606.22
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	\$742.01
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	\$814.80
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	\$550.68
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	\$613.20
3179	OTHER REPAIR AND PLASTIC OPERATIONS ON TRACHEA	\$0.00
31800	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; CERVICAL	\$259.65
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	\$497.84
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$126.00
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$126.00
31830	REVISION OF TRACHEOSTOMY SCAR	\$174.82
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	\$0.00
319	OTHER OPERATIONS ON LARYNX AND TRACHEA	\$0.00
3191	DIVISION OF LARYNGEAL NERVE	\$0.00
3192	LYSIS OF ADHESIONS OF TRACHEA OR LARYNX	\$0.00
3193	REPLACEMENT OF LARYNGEAL OR TRACHEAL STENT	\$0.00
3194	INJECTION OF LOCALLY-ACTING THERAPEUTIC SUBSTANCE INTO TRACHEA	\$0.00
3198	OTHER OPERATIONS ON LARYNX	\$0.00
3199	OTHER OPERATIONS ON TRACHEA	\$0.00

Procedure Code	Description	Rate
320	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BRONCHUS	\$0.00
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	\$301.96
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	\$302.40
3209	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BRONCHUS	\$0.00
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S), UNILATERAL	\$500.52
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	\$500.52
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	\$470.39
321	OTHER EXCISION OF BRONCHUS	\$0.00
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	\$403.20
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	\$386.40
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	\$386.40
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	\$386.40
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDURE	\$386.40
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE	\$403.20
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	\$386.40
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	\$403.20
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	\$386.40
322	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF LUNG	\$0.00
3220	THORACOSCOPIC EXCISION OF LESION OR TISSUE OF LUNG	\$0.00
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	\$403.20
3221	PLICATION OF EMPHYSEMATOUS BLEB	\$0.00
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$395.05
3222	LUNG VOLUME REDUCTION SURGERY	\$0.00
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	\$756.00
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	\$369.17
3223	OPEN ABLATION OF LUNG LESION OR TISSUE	\$0.00
3224	PERCUTANEOUS ABLATION OF LUNG LESION OR TISSUE	\$0.00
3225	THORACOSCOPIC ABLATION OF LUNG LESION OR TISSUE	\$0.00
3226	OTHER AND UNSPECIFIED ABLATION OF LUNG LESION OR TISSUE	\$0.00
3227	BRONCHOSCOPIC BRONCHIAL THERMOPLASTY, ABLATION OF AIRWAY SMOOTH MUSCLE	\$0.00
3229	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF LUNG	\$0.00

Procedure Code	Description	Rate
323	SEGMENTAL RESECTION OF LUNG	\$0.00
3230	THORACOSCOPIC SEGMENTAL RESECTION OF LUNG	\$0.00
32310	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	\$554.40
32320	DECORTICATION AND PARIETAL PLEURECTOMY	\$554.40
3239	OTHER AND UNSPECIFIED SEGMENTAL RESECTION OF LUNG	\$0.00
324	LOBECTOMY OF LUNG	\$0.00
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$27.66
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$58.80
3241	THORACOSCOPIC LOBECTOMY OF LUNG	\$0.00
32440	PNEUMONECTOMY, TOTAL	\$756.00
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOM	\$756.00
32445	PNEUMONECTOMY, EXTRAPLEURAL; WITHOUT EMPYEMECTOMY	\$756.00
32480	LOBECTOMY, TOTAL OR SEGMENTAL;	\$756.00
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	\$756.00
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	\$756.00
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED	\$756.00
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION	\$756.00
3249	OTHER LOBECTOMY OF LUNG	\$0.00
32491	EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BOULLOUS) FOR LUNG VOLUME REDUCTION, STERNAL SPLIT	\$819.82
325	COMPLETE PNEUMONECTOMY	\$0.00
3250	THORACOSCOPIC PNEUMONECTOMY	\$0.00
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHO- PLASTY)WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTEC	\$200.21
32503	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	\$1,021.27
32504	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	\$1,168.02
32505	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION, INITIAL	\$577.30
32506	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION, EACH ADDITIONAL RESECTION, IPSILATERAL	\$97.42

Procedure Code	Description	Rate
32507	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	\$97.42
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY);	\$623.12
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$403.72
32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED	\$96.80
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$103.41
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUT	\$332.51
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	\$543.04
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE	\$396.29
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	\$362.23
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	\$588.03
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	\$154.39
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTI	\$53.87
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTI	\$47.88
3259	OTHER AND UNSPECIFIED PNEUMONECTOMY	\$0.00
326	RADICAL DISSECTION OF THORACIC STRUCTURES	\$0.00
32601	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE);LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY	\$142.80
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$151.20
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$151.20
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S), UNILATERAL	\$191.75
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	\$235.50
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	\$162.85
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	\$170.64
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$170.64

Procedure Code	Description	Rate
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS	\$181.44
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	\$170.64
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$170.64
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE	\$170.64
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$170.64
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC	\$170.64
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE	\$170.64
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	\$170.64
32662	THORACOSCOPY, SURGICAL; WITH EXISION OF MEDIASTINAL CYST, TUMOR, OR MASS	\$170.64
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	\$181.44
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$170.64
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$170.64
32666	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION, INITIAL UNILATERAL	\$539.94
32667	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION, EACH ADDITIONAL RESECTION, IPSILATERAL	\$97.42
32668	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	\$98.04
32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT	\$831.79
32670	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES	\$992.58
32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG	\$1,101.97
32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PILCATION FOR EMPHYSEMATOUS LUNG FOR VOLUME	\$942.63
32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	\$742.83
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY	\$133.54
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY, ENTIRE COURSE OF TREATMENT	\$135.19
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	\$302.40
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)	\$403.10
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$814.80
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	\$744.00

Procedure Code	Description	Rate
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$1,355.64
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$1,470.19
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	\$1,505.00
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	\$1,505.00
329	OTHER EXCISION OF LUNG	\$0.00
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	\$252.00
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	\$252.00
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHOPLEURAL FISTULA	\$403.20
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	\$403.20
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$58.80
32997	TOTAL LUNG LAVAGE (UNILATERAL)	\$182.87
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL	\$1,541.40
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	\$0.00
330	INCISION OF BRONCHUS	\$0.00
33010	PERICARDIOCENTESIS; INITIAL	\$42.00
33011	PERICARDIOCENTESIS; SUBSEQUENT	\$25.20
33015	TUBE PERICARDIOSTOMY	\$220.02
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	\$555.22
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	\$568.43
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	\$781.20
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	\$737.47
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	\$488.96
331	INCISION OF LUNG	\$0.00
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	\$781.20
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	\$736.02
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	\$737.05
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE	\$152.94
332	DIAGNOSTIC PROCEDURES ON LUNG AND BRONCHUS	\$0.00
3320	THORACOSCOPIC LUNG BIOPSY	\$0.00

Procedure Code	Description	Rate
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACOTOMY, MEDIAN STERNOTOMY	\$435.09
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PERICARDIOSCOPY)	\$434.68
33206	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	\$294.00
33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	\$294.00
33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); AV SEQUENTIAL	\$294.00
3321	BRONCHOSCOPY THROUGH ARTIFICIAL STOMA	\$0.00
33210	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	\$144.27
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	\$144.48
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULS	\$126.00
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	\$210.00
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES RE	\$210.00
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR (RIGHT ATRIAL	\$170.69
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	\$227.66
33217	INSERTION OF 2 TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	\$227.45
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT	\$210.00
3322	FIBER-OPTIC BRONCHOSCOPY	\$0.00
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACEMAKER OR	\$212.59
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$217.13
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$237.15
33223	REVISION OF SKIN POCKET FOR CARDIOVERTER-DEFIBRILLATOR	\$263.57
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO PREVIOUS	\$275.13

Procedure Code	Description	Rate
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF PAC	\$243.76
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING REMOVAL,	\$265.02
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD	\$207.23
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD	\$216.10
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD	\$224.98
3323	OTHER BRONCHOSCOPY	\$0.00
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	\$233.64
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$242.52
33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	\$115.17
33234	REMOVAL OF TRANSVENOUS PACEMAKER AND ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	\$192.57
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$183.36
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODEBY THORACOTOMY;SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULA	\$230.03
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODESBY THORACOTOMY;DUAL LEAD SYSTEM	\$230.03
33238	REMOVAL OF PERMASNENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$309.42
3324	CLOSED [ENDOSCOPIC] BIOPSY OF BRONCHUS	\$0.00
33240	INSERION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	\$277.20
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	\$108.15
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	\$371.30
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	\$309.42
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER	\$371.30
3325	OPEN BIOPSY OF BRONCHUS	\$0.00
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE	\$674.31
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE	\$814.80

Procedure Code	Description	Rate
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)	\$761.00
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIO	\$916.83
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY	\$1,095.78
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	\$330.03
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	\$373.17
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	\$489.58
3326	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF LUNG	\$0.00
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS	\$814.80
33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	\$225.18
33263	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	\$234.06
33264	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	\$242.93
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED, WITHOUT CARDIOPULMONARY	\$761.00
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONAR	\$1,042.53
3327	CLOSED ENDOSCOPIC BIOPSY OF LUNG	\$0.00
3328	OPEN BIOPSY OF LUNG	\$0.00
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$220.64
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$171.11
3329	OTHER DIAGNOSTIC PROCEDURES ON LUNG AND BRONCHUS	\$0.00
333	SURGICAL COLLAPSE OF LUNG	\$0.00
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	\$646.80
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	\$646.80
3331	DESTRUCTION OF PHRENIC NERVE FOR COLLAPSE OF LUNG	\$0.00
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITHOUT BYPASS	\$633.44

Procedure Code	Description	Rate
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY BYPASS	\$775.24
3332	ARTIFICIAL PNEUMOTHORAX FOR COLLAPSE OF LUNG	\$0.00
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS	\$665.64
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$910.22
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$814.80
3333	PNEUMOPERITONEUM FOR COLLAPSE OF LUNG	\$0.00
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT BYPASS	\$705.68
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$824.77
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$814.80
3334	THORACOPLASTY	\$0.00
33361	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	\$820.44
33362	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	\$897.63
33363	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	\$929.42
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH	\$988.86
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH	\$1,084.43
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE	\$1,149.44
33367	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEOUS	\$380.81
33368	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH OPEN	\$461.51
33369	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL	\$609.29
3339	OTHER SURGICAL COLLAPSE OF LUNG	\$0.00
334	REPAIR AND PLASTIC OPERATION ON LUNG AND BRONCHUS	\$0.00
33400	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS	\$814.80
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	\$566.77
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATRION, WITH CARDIOPULMONARY BYPASS	\$714.24
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$814.80

Procedure Code	Description	Rate
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE	\$814.80
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH HOMOGRAFT VALVE (FREEHAND)	\$756.00
3341	SUTURE OF LACERATION OF BRONCHUS	\$0.00
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE	\$1,237.16
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP	\$781.20
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)	\$781.20
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH HOMOGRAFT REPLACEMENT OF PULM	\$781.20
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT	\$615.97
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS	\$781.20
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPH	\$781.20
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$781.20
3342	CLOSURE OF BRONCHIAL FISTULA	\$0.00
33420	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); CLOSED	\$781.20
33422	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	\$781.20
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	\$781.20
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	\$1,392.53
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	\$1,505.63
3343	CLOSURE OF LACERATION OF LUNG	\$0.00
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$814.80
33460	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;	\$781.20
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$927.36
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$992.78
33465	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS; REPLACEMENT	\$781.20

Procedure Code	Description	Rate
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$781.20
33470	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); CLOSED (TRANSVENTRICULAR)	\$566.77
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY	\$781.20
33472	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH INFLOW OCCLUSION	\$520.80
33474	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	\$752.74
33475	REPLACEMENT, PULMONARY VALVE	\$781.20
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	\$615.97
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION	\$744.00
3348	OTHER REPAIR AND PLASTIC OPERATIONS ON BRONCHUS	\$0.00
3349	OTHER REPAIR AND PLASTIC OPERATIONS ON LUNG	\$0.00
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)	\$1,291.24
335	LUNG TRANSPLANT	\$0.00
3350	LUNG TRANSPLANTATION, NOT OTHERWISE SPECIFIED	\$0.00
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIO-PULMONARY BYPASS	\$814.80
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARDIO-PULMONARY BYPASS	\$714.97
33502	ANOMALOUS CORONARY ARTERY; LIGATION	\$731.48
33503	ANOMALOUS CORONARY ARTERY; GRAFT, WITHOUT CARDIOPULMONARY BYPASS	\$732.51
33504	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYPASS	\$814.80
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)	\$814.80
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	\$814.80
33507	REPAIR OF ANOMALOUS AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION	\$985.15
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OR VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST	\$9.29
3351	UNILATERAL LUNG TRANSPLANTATION	\$0.00
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	\$814.80
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	\$814.80
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	\$814.80

Procedure Code	Description	Rate
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	\$814.80
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	\$814.80
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	\$814.80
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADD	\$543.20
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADD	\$543.20
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN A	\$543.20
3352	BILATERAL LUNG TRANSPLANTATION	\$0.00
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN AD	\$543.20
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN AD	\$543.20
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE VENOUS GRAFTS (LIST SEPARATEL	\$543.20
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	\$543.20
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$814.80
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	\$814.80
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	\$814.80
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS	\$814.80
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	\$814.80
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION	\$814.80
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERFORMED	\$1,296.81
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY	\$171.52
336	COMBINED HEART-LUNG TRANSPLANTATION	\$0.00
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID)BY SUTURE OR PATCH	\$730.80
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	\$730.80

Procedure Code	Description	Rate
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	\$730.80
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONTRUCTION	\$730.80
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES(EG.SINGLE VENTRICLEWITH SUBAORTIC OBSTRUCTION)BY SURGICAL ENLARGEMENT OF	\$730.80
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$730.80
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;WITH REPAIR OF RIGHT VENTRICULAR	\$730.80
33615	REPAIR OF COMPLEXCARDIAC ANOMALIES BY CLOSURE OFATRIAL-SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR VENA CAVA TO	\$730.80
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG. SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE	\$730.80
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA	\$756.00
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG HYBRID APPROACH STAGE1)	\$1,050.58
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE (EG, HYBRID APPROACH	\$564.09
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG. SINGLE VENTRICLE OR HYPOPLASTICLEFT HEART) WITH PALLIATION	\$2,212.20
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	\$730.80
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	\$730.80
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE	\$730.80
33660	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT;	\$712.83
33665	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT; WITH REPAI	\$730.80
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	\$730.80
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS	\$1,210.33
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	\$1,248.31

Procedure Code	Description	Rate
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND. WITH OR WITHOUT GUSSET	\$1,297.64
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	\$611.00
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	\$549.90
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WIT	\$770.00
33690	BANDING OF PULMONARY ARTERY	\$672.09
33692	COMPLETE REPAIR TETRALOGY OF FALLOT;	\$733.19
33694	COMPLETE REPAIR TETRALOGY OF FALLOT; WITH TRANSANNULAR PATCH	\$770.00
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRI	\$770.00
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	\$733.19
3371	ENDOSCOPIC INSERTION OR REPLACEMENT OF BRONCHIAL VALVE(S)	\$0.00
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	\$770.00
3372	ENDOSCOPIC PULMONARY AIRWAY FLOW MEASUREMENT	\$0.00
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	\$770.00
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$770.00
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)	\$869.15
33726	REPAIR OF PULMONARY VENOUS STENOSIS	\$1,146.14
3373	ENDOSCOPIC INSERTION OR REPLACEMENT OF BRONCHIAL VALVE(S), MULTIPLE LOBES	\$0.00
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	\$733.19
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE	\$733.14
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED (BLALOCK-HANLON TYPE OPERATION)	\$504.00
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	\$577.50
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION	\$577.50
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	\$756.00
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	\$756.00
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	\$756.00
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	\$756.00
33766	SHUNT; VENA CAVA TO PULMONARY ARTERY (GLENN TYPE OPERATION)	\$756.00

Procedure Code	Description	Rate
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	\$756.00
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA	\$244.79
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS;	\$756.00
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES...; WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT	\$756.00
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	\$756.00
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	\$756.00
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	\$756.00
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	\$756.00
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);	\$756.00
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	\$756.00
3378	ENDOSCOPIC REMOVAL OF BRONCHIAL DEVICE(S) OR SUBSTANCES	\$0.00
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	\$756.00
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	\$756.00
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROC	\$1,876.59
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROC	\$2,028.50
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$637.56
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	\$654.50
3379	ENDOSCOPIC INSERTION OF OTHER BRONCHIAL DEVICE OR SUBSTANCES	\$0.00
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)	\$590.30
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	\$672.09
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	\$756.00

Procedure Code	Description	Rate
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	\$616.00
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	\$756.00
33820	PATENT DUCTUS ARTERIOSUS; LIGATION (PRIMARY PROCEDURE)	\$504.00
33822	PATENT DUCTUS ARTERIOSUS; DIVISION, UNDER 18 YEARS	\$504.00
33824	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	\$504.00
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS	\$756.00
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT	\$664.13
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEF	\$693.00
33852	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR OF HYPOPLASTIC O	\$693.00
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITH CARDIOPULMONARY	\$693.00
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMPLANT, WITH OR WITHOUT VALVE SU	\$756.00
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPENSION; WITH CORONARY RECONSTRUCTIO	\$756.00
33863	ASCENDING AORTA GRAFT-...; WITH AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHESIS AND CORONARY RECONSTRUCTION	\$756.00
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION	\$1,792.38
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	\$756.00
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$756.00
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS	\$756.00
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN, INITIAL	\$1,016.52
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN,	\$873.28
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INITIAL EXTEN	\$646.24

Procedure Code	Description	Rate
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION	\$240.25
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	\$558.11
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF	\$480.50
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION	\$613.01
339	OTHER OPERATIONS ON LUNG AND BRONCHUS	\$0.00
3391	BRONCHIAL DILATION	\$0.00
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	\$756.00
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT BYPASS	\$512.40
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS	\$814.80
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	\$756.00
33918	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION OF PULMONARY ARTERIES; WITHOUT	\$756.00
3392	LIGATION OF BRONCHUS	\$0.00
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGH	\$730.80
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	\$730.80
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEAR	\$212.18
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CARDIOPULMONARY BYPASS	\$1,007.23
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDIOPULMONARY BYPASS	\$1,360.80
3393	PUNCTURE OF LUNG	\$0.00
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$1,505.00
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	\$1,505.00
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY	\$563.68
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EACH ADDITIONAL 24 HOURS	\$389.68
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$147.16
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$23.94
33970	INTRA-AORTIC BALLOON COUNTERPULSATION; INSERTION ONLY	\$346.13

Procedure Code	Description	Rate
33971	INTRA-AORTIC BALLOON COUNTERPULSATION; REMOVAL OF BALLOON INCLUDING REPAIR OF ARTERY, WITH OR WITHOUT GRAFT	\$273.76
33973	INSERTION OF INTR-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	\$346.13
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORT	\$273.76
33975	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	\$273.76
33976	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	\$365.00
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	\$273.76
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	\$300.00
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	\$0.00
3398	OTHER OPERATIONS ON BRONCHUS	\$0.00
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	\$0.00
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP	\$0.00
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE, PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT	\$0.00
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE, PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIO	\$0.00
3399	OTHER OPERATIONS ON LUNG	\$0.00
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION;	\$266.88
33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION;	\$388.86
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPERATE AND DISTINCT SESSION FROM INSERTION	\$126.94
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPERATE AND DISTINCT SESSION	\$111.46
33994	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION	\$240.25
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	\$0.00
340	INCISION OF CHEST WALL AND PLEURA	\$0.00
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS	\$394.80
3401	INCISION OF CHEST WALL	\$0.00

Procedure Code	Description	Rate
3402	EXPLORATORY THORACOTOMY	\$0.00
3403	REOPENING OF RECENT THORACOTOMY SITE	\$0.00
3404	INSERTION OF INTERCOSTAL CATHETER FOR DRAINAGE	\$0.00
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION	\$501.35
3406	THORACOSCOPIC DRAINAGE OF PLEURAL CAVITY	\$0.00
3409	OTHER INCISION OF PLEURA	\$0.00
341	INCISION OF MEDIASTINUM	\$0.00
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY A	\$388.65
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	\$338.08
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMIN	\$512.40
342	DIAGNOSTIC PROCEDURES ON CHEST WALL, PLEURA, MEDIASTINUM, AND DIAPHRAGM	\$0.00
3420	THORACOSCOPIC PLEURAL BIOPSY	\$0.00
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION	\$387.00
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION	\$394.80
3421	TRANSPLEURAL THORACOSCOPY	\$0.00
3422	MEDIASTINOSCOPY	\$0.00
3423	BIOPSY OF CHEST WALL	\$0.00
3424	PLEURAL BIOPSY	\$0.00
3425	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF MEDIASTINUM	\$0.00
3426	OPEN BIOPSY OF MEDIASTINUM	\$0.00
3427	BIOPSY OF DIAPHRAGM	\$0.00
3428	OTHER DIAGNOSTIC PROCEDURES ON CHEST WALL, PLEURA, AND DIAPHRAGM	\$0.00
3429	OTHER DIAGNOSTIC PROCEDURES ON MEDIASTINUM	\$0.00
343	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF MEDIASTINUM	\$0.00
344	EXCISION OR DESTRUCTION OF LESION OF CHEST WALL	\$0.00
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	\$420.00
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	\$302.40

Procedure Code	Description	Rate
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION	\$420.00
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	\$277.20
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	\$302.40
345	PLEURECTOMY	\$0.00
34501	VALVULOPLASTY, FEMORAL VEIN	\$504.00
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$504.00
3451	DECORTICATION OF LUNG	\$0.00
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$504.00
3452	THORACOSCOPIC DECORTICATION OF LUNG	\$0.00
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$616.00
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$504.00
3459	OTHER EXCISION OF PLEURA	\$0.00
346	SCARIFICATION OF PLEURA	\$0.00
347	REPAIR OF CHEST WALL	\$0.00
3471	SUTURE OF LACERATION OF CHEST WALL	\$0.00
3472	CLOSURE OF THORACOSTOMY	\$0.00
3473	CLOSURE OF OTHER FISTULA OF THORAX	\$0.00
3474	REPAIR OF PECTUS DEFORMITY	\$0.00
3479	OTHER REPAIR OF CHEST WALL	\$0.00
348	OPERATIONS ON DIAPHRAGM	\$0.00
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING AORTO-AORTIC TUBE PROSTHESIS	\$659.65
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING MODULAR BIFURCATED PROSTHESIS	\$727.97
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING MODULAR BIFURCATED PROSTHESIS	\$747.17
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING UNIBODY BIFURCATED PROSTHESIS	\$727.97
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING AORTO UNIILIAC OR AORTO	\$686.28
34806	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING	\$59.24
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE	\$125.28
3481	EXCISION OF LESION OR TISSUE OF DIAPHRAGM	\$0.00

Procedure Code	Description	Rate
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL	\$205.16
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR	\$145.72
3482	SUTURE OF LACERATION OF DIAPHRAGM	\$0.00
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCULSION DURING ENDOVASCULAR THER	\$296.18
34823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$401.04
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC	\$394.02
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR; EACH ADDITIONAL VESSEL	\$125.28
3483	CLOSURE OF FISTULA OF DIAPHRAGM	\$0.00
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, TUBE PROSTHESIS	\$1,026.63
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BI-ILIAC PROSTHESIS	\$1,109.81
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BIFEMORAL PROSTHESIS	\$1,109.81
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR	\$364.92
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR PROSTHESI	\$171.72
3484	OTHER REPAIR OF DIAPHRAGM	\$0.00
3485	IMPLANTATION OF DIAPHRAGMATIC PACEMAKER	\$0.00
3489	OTHER OPERATIONS ON DIAPHRAGM	\$0.00
349	OTHER OPERATIONS ON THORAX	\$0.00
34900	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PSEUDOANEURYSM, ANTERIORVENOUS MALFOR	\$538.91
3491	THORACENTESIS	\$0.00
3492	INJECTION INTO THORACIC CAVITY	\$0.00
3493	REPAIR OF PLEURA	\$0.00
3499	OTHER	\$0.00
3500	CLOSED HEART VALVOTOMY, UNSPECIFIED VALVE	\$0.00
35001	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$756.00

Procedure Code	Description	Rate
35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$718.68
35005	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$605.16
3501	CLOSED HEART VALVOTOMY, AORTIC VALVE	\$0.00
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$550.26
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$697.84
3502	CLOSED HEART VALVOTOMY, MITRAL VALVE	\$0.00
35021	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$756.00
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$756.00
3503	CLOSED HEART VALVOTOMY, PULMONARY VALVE	\$0.00
3504	CLOSED HEART VALVOTOMY, TRICUSPID VALVE	\$0.00
35045	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$512.08
3505	ENDOVASCULAR REPLACEMENT OF AORTIC VALVE	\$0.00
3506	TRANSAPICAL REPLACEMENT OF AORTIC VALVE	\$0.00
3507	ENDOVASCULAR REPLACEMENT OF PULMONARY VALVE	\$0.00
3508	TRANSAPICAL REPLACEMENT OF PULMONARY VALVE	\$0.00
35081	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$814.80
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$814.80
3509	ENDOVASCULAR REPLACEMENT OF UNSPECIFIED HEART VALVE	\$0.00
35091	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$814.80
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$814.80
3510	OPEN HEART VALVULOPLASTY WITHOUT REPLACEMENT, UNSPECIFIED VALVE	\$0.00
35102	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$814.80
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$814.80

Procedure Code	Description	Rate
3511	OPEN HEART VALVULOPLASTY OF AORTIC VALVE WITHOUT REPLACEMENT	\$0.00
35111	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$751.30
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$625.80
3512	OPEN HEART VALVULOPLASTY OF MITRAL VALVE WITHOUT REPLACEMENT	\$0.00
35121	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$756.00
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$756.00
3513	OPEN HEART VALVULOPLASTY OF PULMONARY VALVE WITHOUT REPLACEMENT	\$0.00
35131	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$746.76
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$756.00
3514	OPEN HEART VALVULOPLASTY OF TRICUSPID VALVE WITHOUT REPLACEMENT	\$0.00
35141	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$638.40
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$701.76
35151	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$706.09
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$555.63
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	\$437.98
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$332.21
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$466.05
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$475.34
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$940.50
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$503.20
3520	REPLACEMENT OF UNSPECIFIED HEART VALVE	\$0.00
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	\$432.41
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$357.55
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$450.98
3521	REPLACEMENT OF AORTIC VALVE WITH TISSUE GRAFT	\$0.00
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	\$625.28

Procedure Code	Description	Rate
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	\$493.86
3522	OTHER REPLACEMENT OF AORTIC VALVE	\$0.00
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	\$285.60
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$285.60
3523	REPLACEMENT OF MITRAL VALVE WITH TISSUE GRAFT	\$0.00
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	\$285.60
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$285.60
3524	OTHER REPLACEMENT OF MITRAL VALVE	\$0.00
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	\$285.60
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	\$285.60
3525	REPLACEMENT OF PULMONARY VALVE WITH TISSUE GRAFT	\$0.00
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	\$285.60
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$285.60
3526	OTHER REPLACEMENT OF PULMONARY VALVE	\$0.00
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	\$285.60
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$455.04
3527	REPLACEMENT OF TRICUSPID VALVE WITH TISSUE GRAFT	\$0.00
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	\$623.44
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	\$540.48
3528	OTHER REPLACEMENT OF TRICUSPID VALVE	\$0.00
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	\$285.60
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	\$285.60
353	OPERATIONS ON STRUCTURES ADJACENT TO HEART VALVES	\$0.00
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION	\$638.40
35302	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT; IF PERFORMED; SUPERFICIAL FEMORAL ARTERY	\$647.89
35303	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	\$712.08
35304	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK ARTERY	\$740.98
35305	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL	\$712.08
35306	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY	\$267.70

Procedure Code	Description	Rate
3531	OPERATIONS ON PAPILLARY MUSCLE	\$0.00
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION	\$638.40
3532	OPERATIONS ON CHORDAE TENDINEAE	\$0.00
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	\$551.50
3533	ANNULOPLASTY	\$0.00
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	\$756.00
3534	INFUNDIBULECTOMY	\$0.00
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	\$756.00
3535	OPERATIONS ON TRABECULAE CARNEAE CORDIS	\$0.00
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	\$756.00
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	\$694.33
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	\$756.00
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	\$756.00
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	\$526.73
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	\$640.54
3539	OPERATIONS ON OTHER STRUCTURES ADJACENT TO VALVES OF HEART	\$0.00
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	\$108.15
354	PRODUCTION OF SEPTAL DEFECT IN HEART	\$0.00
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION T	\$114.35
3541	ENLARGEMENT OF EXISTING ATRIAL SEPTAL DEFECT	\$0.00
3542	CREATION OF SEPTAL DEFECT IN HEART	\$0.00
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$519.51
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	\$504.00
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	\$504.00
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	\$504.00
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC	\$504.00
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
35460	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS	\$504.00
35470	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00

Procedure Code	Description	Rate
35471	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTERY	\$519.51
35472	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC	\$504.00
35473	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; ILIAC	\$504.00
35474	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$504.00
35475	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC	\$504.00
35476	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS	\$504.00
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$541.18
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	\$504.00
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	\$504.00
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	\$504.00
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC	\$504.00
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTERY	\$541.18
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	\$504.00
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	\$504.00
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$504.00
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC	\$504.00
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
3550	REPAIR OF UNSPECIFIED SEPTAL DEFECT OF HEART WITH PROSTHESIS	\$0.00
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDURE	\$189.89
35501	BYPASS GRAFT, WITH VEIN; CAROTID	\$756.00
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN	\$756.00
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	\$756.00
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	\$756.00
3551	REPAIR OF ATRIAL SEPTAL DEFECT WITH PROSTHESIS, OPEN TECHNIQUE	\$0.00
35510	BYPASS GRAFT, WITH VEIN; CAROTID BRACHIAL	\$726.12
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	\$577.92
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN BRACHIAL	\$712.29
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	\$635.92
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	\$738.91
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	\$720.75
3552	REPAIR OF ATRIAL SEPTAL DEFECT WITH PROSTHESIS, CLOSED TECHNIQUE	\$0.00

Procedure Code	Description	Rate
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	\$737.47
35522	BYPASS GRAFT, WITH VEIN; AXILLARY BRACHIAL	\$691.85
35523	BYBASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR RADIAL	\$729.83
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL BRACHIAL	\$660.69
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	\$708.57
3553	REPAIR OF VENTRICULAR SEPTAL DEFECT WITH PROSTHESIS	\$0.00
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	\$756.00
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	\$756.00
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	\$1,172.56
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	\$756.00
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$1,252.64
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	\$1,399.60
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	\$1,315.39
3554	REPAIR OF ENDOCARDIAL CUSHION DEFECT WITH PROSTHESIS	\$0.00
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	\$1,466.68
3555	REPAIR OF VENTRICULAR SEPTAL DEFECT WITH PROSTHESIS, CLOSED TECHNIQUE	\$0.00
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	\$756.00
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	\$677.61
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	\$756.00
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	\$504.00
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	\$727.15
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS	\$756.00
35570	BYPASS GRAFT, WITH VEIN;	\$905.27
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL VESSELS	\$756.00
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA CAVAL, C	\$206.81
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$756.00
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	\$756.00
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	\$756.00
3560	REPAIR OF UNSPECIFIED SEPTAL DEFECT OF HEART WITH TISSUE GRAFT	\$0.00
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE	\$154.18
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	\$756.00

Procedure Code	Description	Rate
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	\$756.00
3561	REPAIR OF ATRIAL SEPTAL DEFECT WITH TISSUE GRAFT	\$0.00
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	\$711.67
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	\$714.56
3562	REPAIR OF VENTRICULAR SEPTAL DEFECT WITH TISSUE GRAFT	\$0.00
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	\$744.28
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$521.16
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	\$756.00
3563	REPAIR OF ENDOCARDIAL CUSHION DEFECT WITH TISSUE GRAFT	\$0.00
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	\$756.00
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	\$1,113.32
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	\$1,202.28
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	\$1,089.59
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL	\$756.00
35637	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	\$996.50
35638	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	\$1,012.39
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	\$608.26
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	\$612.60
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	\$983.08
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$888.35
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	\$697.01
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	\$814.80
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	\$746.34
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	\$655.32
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	\$717.86
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	\$730.86
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	\$756.00
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	\$756.00
35681	BYPASS GRAFT, COMPOSITE	\$595.88
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS	\$256.76
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS FROM TWO OR MORE LOCATIONS	\$294.53

Procedure Code	Description	Rate
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT	\$123.01
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS)	\$101.76
35691	TRANSPOSITION AND-OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	\$756.00
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	\$520.13
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	\$602.48
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	\$602.48
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	\$91.23
3570	OTHER AND UNSPECIFIED REPAIR OF UNSPECIFIED SEPTAL DEFECT OF HEART	\$0.00
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL-ANTERIOR TIB-IAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL	\$104.23
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; CAROTID ARTERY	\$259.65
3571	OTHER AND UNSPECIFIED REPAIR OF ATRIAL SEPTAL DEFECT	\$0.00
3572	OTHER AND UNSPECIFIED REPAIR OF VENTRICULAR SEPTAL DEFECT	\$0.00
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; FEMORAL ARTERY	\$235.20
3573	OTHER AND UNSPECIFIED REPAIR OF ENDOCARDIAL CUSHION DEFECT	\$0.00
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; POPLITEAL ARTERY	\$235.71
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS	\$319.20
358	TOTAL REPAIR OF CERTAIN CONGENITAL CARDIAC ANOMALIES	\$0.00
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	\$319.20
3581	TOTAL REPAIR OF TETRALOGY OF FALLOT	\$0.00
3582	TOTAL REPAIR OF TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION	\$0.00
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	\$437.77
3583	TOTAL REPAIR OF TRUNCUS ARTERIOSUS	\$0.00
3584	TOTAL CORRECTION OF TRANSPOSITION OF GREAT VESSELS, NOT ELSEWHERE CLASSIFIED	\$0.00
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	\$359.34
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	\$263.20
35870	REPAIR OF GRAFT-ENTERIC FISTULA	\$731.50

Procedure Code	Description	Rate
35875	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	\$424.98
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT	\$429.00
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	\$545.52
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITION	\$598.15
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GRON, OPEN; WITH NONAUTOGENOUS PATCH	\$726.94
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GRON, OPEN; WITH AUTOGENOUS VEIN PATCH	\$772.14
359	OTHER OPERATIONS ON VALVES AND SEPTA OF HEART	\$0.00
35901	EXCISION OF INFECTED GRAFT; NECK	\$313.55
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	\$313.55
35905	EXCISION OF INFECTED GRAFT; THORAX	\$451.07
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	\$451.07
3591	INTERATRIAL TRANSPOSITION OF VENOUS RETURN	\$0.00
3592	CREATION OF CONDUIT BETWEEN RIGHT VENTRICLE AND PULMONARY ARTERY	\$0.00
3593	CREATION OF CONDUIT BETWEEN LEFT VENTRICLE AND AORTA	\$0.00
3594	CREATION OF CONDUIT BETWEEN ATRIUM AND PULMONARY ARTERY	\$0.00
3595	REVISION OF CORRECTIVE PROCEDURE ON HEART	\$0.00
3596	PERCUTANEOUS VALVULOPLASTY	\$0.00
3597	PERCUTANEOUS MITRAL VALVE REPAIR WITH IMPLANT	\$0.00
3598	OTHER OPERATIONS ON SEPTA OF HEART	\$0.00
3599	OTHER OPERATIONS ON VALVES OF HEART	\$0.00
360	REMOVAL OF CORONARY ARTERY OBSTRUCTION	\$0.00
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$16.80
36002	INJECTION PROCEDURES (EG, THROMBIN)FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	\$102.99
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	\$25.20
3601	SINGLE VESSEL PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY [PTCA] W/O MENTION OF THROMBOLYTIC AGENT	\$0.00
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$50.40
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	\$67.20

Procedure Code	Description	Rate
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, P	\$84.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$50.40
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$67.20
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$84.00
3602	SINGLE VESSEL PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY [PTCA] WITH THROMBOLYTIC AGENT	\$0.00
3604	INTRACORONARY ARTERY THROMBOLYTIC INFUSION	\$0.00
3605	MULTIPLE VESSEL PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY [PTCA] PERFORMED DURING SAME	\$0.00
3606	INSERTION OF CORONARY ARTERY STENT(S)	\$0.00
3607	INSERTION OF DRUG-ELUTING CORONARY ARTERY STENT(S)	\$0.00
3609	OTHER REMOVAL OF CORONARY ARTERY OBSTRUCTION	\$0.00
3610	AORTOCORONARY BYPASS FOR HEART REVASCULARIZATION, NOT OTHERWISE SPECIFIED	\$0.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$123.63
3611	AORTOCORONARY BYPASS OF ONE CORONARY ARTERY	\$0.00
3612	AORTOCORONARY BYPASS OF TWO CORONARY ARTERIES	\$0.00
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	\$96.60
3613	AORTOCORONARY BYPASS OF THREE CORONARY ARTERIES	\$0.00
3614	AORTOCORONARY BYPASS OF FOUR OR MORE CORONARY ARTERIES	\$0.00
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$33.60
36147	INTRODUCTION IF NEEDLE AND/OR CATHETER,ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS (GRAFT/FISTULA); INTIAL ACCESS	\$439.22
36148	INTRODUCTION IF NEEDLE AND/OR CATHETER,ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS (GRAFT/FISTULA); ADDITIONAL	\$138.29
3615	SINGLE INTERNAL MAMMARY-CORONARY ARTERY BYPASS	\$0.00
3616	DOUBLE INTERNAL MAMMARY-CORONARY ARTERY BYPASS	\$0.00
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$84.00
3619	OTHER BYPASS ANASTOMOSIS FOR HEART REVASCULARIZATION	\$0.00
362	HEART REVASCULARIZATION BY ARTERIAL IMPLANT	\$0.00
36200	INTRODUCTION OF CATHETER, AORTA	\$84.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A V	\$76.70
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN	\$119.18

Procedure Code	Description	Rate
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHAL	\$204.75
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR B	\$32.09
36221	NON SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL	\$707.33
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	\$875.96
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	\$958.32
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF IPSILATERAL	\$1,040.88
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	\$951.30
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	\$1,061.10
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	\$152.74
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES,	\$728.39
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BR	\$235.20
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY BRANC	\$235.20
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWE	\$235.20
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PE	\$235.20
36251	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	\$891.65
36252	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	\$978.75
36253	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	\$1,364.10
36254	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	\$1,419.21

Procedure Code	Description	Rate
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	\$352.80
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$201.60
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$201.60
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	\$0.00
363	OTHER HEART REVASCULARIZATION	\$0.00
3633	ENDOSCOPIC TRANSMYOCARDIAL REVASCULARIZATION	\$0.00
3634	PERCUTANEOUS TRANSMYOCARDIAL REVASCULARIZATION	\$0.00
36400	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL, JUGULAR OR SAGITTAL SINUS	\$5.40
36405	VENIPUNCTURE, UNDER AGE 3 YEARS; SCALP VEIN	\$12.84
36406	VENIPUNCTURE, UNDER AGE 3 YEARS; OTHER VEIN	\$6.91
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGN	\$49.75
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF SPECIMEN(S)	\$1.80
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	\$33.23
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	\$28.00
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$21.26
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$25.20
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	\$145.60
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$124.98
36460	TRANSFUSION, INTRAUTERINE, FETAL	\$100.10
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK	\$21.00
36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE	\$21.00
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	\$21.00
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	\$21.00
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	\$1,207.03
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	\$236.12
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	\$1,111.67
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	\$238.39
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$25.20

Procedure Code	Description	Rate
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$25.20
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	\$25.20
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$51.60
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$51.60
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$51.60
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$51.60
36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION	\$51.60
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSIO	\$51.60
36522	PHOTOPHERESIS, EXTRACORPOREAL	\$98.56
36555	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE	\$184.11
36556	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER	\$157.90
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	\$398.35
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR	\$390.10
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5	\$746.76
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER	\$739.94
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	\$693.09
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA	\$595.67
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS	\$622.50
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	\$214.66
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER	\$180.39
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE	\$957.70

Procedure Code	Description	Rate
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, AGE 5 YEARS OR OLDER	\$35.50
36575	REPAIR OF TUNNELED OR NON TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$95.15
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCANTEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE	\$237.15
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP,CENTRAL OR	\$302.17
36580	REPLACEMENT, COMPLETE, OF A NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS	\$151.50
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	\$357.28
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	\$669.77
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	\$391.75
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	\$158.52
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	\$843.76
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHERER. WITHOUT SUBCUTANEOUS PORT OR PUMP	\$95.77
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL	\$207.02
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$11.35
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	\$14.04
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$24.56
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	\$470.59
36596	MECHANICAL REMOVAL OF INTRALUMINAL OBSTUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	\$107.95
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	\$91.85

Procedure Code	Description	Rate
36598	CONTRAST INJECTIONS FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY,	\$71.00
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$11.95
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTAN	\$33.60
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	\$42.00
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$75.60
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	\$50.40
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$96.55
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	\$93.52
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	\$151.20
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	\$143.04
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$401.04
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	\$458.21
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VWIN TRANSPOSITION	\$455.94
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	\$354.60
36822	INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY (ECMO)	\$151.20
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULATION INCLUDING REGIONAL CHEMOTH	\$692.68
36825	CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT	\$504.00
36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	\$504.00
36831	THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION	\$228.69
36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT	\$504.00
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY	\$365.95
36835	INSERTION OF THOMAS SHUNT	\$212.52
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION, UPPER EXTREMITY HEMODIALYSIS ACCESS	\$678.85
36860	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	\$49.31
36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	\$67.20

Procedure Code	Description	Rate
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS GRAFT	\$747.79
369	OTHER OPERATIONS ON VESSELS OF HEART	\$0.00
3691	REPAIR OF ANEURYSM OF CORONARY VESSEL	\$0.00
3699	OTHER OPERATIONS ON VESSELS OF HEART	\$0.00
370	PERICARDIOCENTESIS	\$0.00
3710	INCISION OF HEART, NOT OTHERWISE SPECIFIED	\$0.00
3711	CARDIOTOMY	\$0.00
3712	PERICARDIOTOMY	\$0.00
37140	ANASTOMOSIS; PORTOCAVAL	\$756.00
37145	ANASTOMOSIS; RENOPORTAL	\$756.00
37160	ANASTOMOSIS; CAVAL-MESENTERIC	\$756.00
37180	ANASTOMOSIS; SPLENORENAL, PROXIMAL	\$756.00
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)	\$756.00
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTA	\$513.11
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTAL	\$238.39
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	\$1,674.11
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT, INC	\$545.72
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	\$1,130.45
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	\$1,628.91
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	\$1,408.27
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLDING ACCESS, VESSEL SELECTION, AND	\$1,620.86
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSELL SELE	\$1,087.11
37193	RETRIEVAL OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELEC	\$1,037.57
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$169.66

Procedure Code	Description	Rate
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY, INCLUDES RADIOLOGICAL SUPERVISION	\$961.20
372	DIAGNOSTIC PROCEDURES ON HEART AND PERICARDIUM	\$0.00
3720	NONINVASIVE PROGRAMMED ELECTRICAL STIMULATION (NIPS)	\$0.00
37200	TRANSCATHETER BIOPSY	\$132.92
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (EG, SPASMOLYTIC, VASOCONSTRICTIVE)	\$219.82
3721	RIGHT HEART CARDIAC CATHETERIZATION	\$0.00
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLO	\$246.65
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION	\$217.75
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	\$152.32
37214	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	\$89.37
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC	\$596.29
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL EMBO	\$574.41
37217	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY	\$670.80
3722	LEFT HEART CARDIAC CATHETERIZATION	\$0.00
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	\$265.02
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	\$322.40
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	\$120.33
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	\$140.76
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	\$291.85
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH ATHERECT	\$393.19

Procedure Code	Description	Rate
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	\$323.84
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	\$474.93
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	\$474.93
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	\$460.48
3723	COMBINED RIGHT AND LEFT HEART CARDIAC CATHETERIZATION	\$0.00
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;WITH	\$444.17
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	\$482.77
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	\$129.00
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	\$211.97
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	\$176.68
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	\$250.78
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	\$1,649.34
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	\$716.41
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	\$2,411.78
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	\$1,198.77
3724	BIOPSY OF PERICARDIUM	\$0.00
37241	VASCULAR EMBOLIZATION OR OCCULSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	\$2,669.99
37242	OCCULSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	\$4,497.25
37243	OCCULSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	\$5,677.24

Procedure Code	Description	Rate
37244	VASCULAR EMBOLIZATION OR OCCULSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	\$3,975.06
3725	BIOPSY OF HEART	\$0.00
37250	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING DIAGNOSTIC EVALUATION	\$57.38
37251	INTRASVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING THERAPEUTIC INTERVENTION; EACH ADDITIONAL VESSEL	\$43.76
3726	CARDIAC ELECTROPHYSIOLOGIC STIMULATION AND RECORDING STUDIES	\$0.00
3727	CARDIAC MAPPING	\$0.00
3728	INTRACARDIAC ECHOCARDIOGRAPHY	\$0.00
3729	OTHER DIAGNOSTIC PROCEDURES ON HEART AND PERICARDIUM	\$0.00
373	PERICARDIECTOMY AND EXCISION OF LESION OF HEART	\$0.00
3731	PERICARDIECTOMY	\$0.00
3732	EXCISION OF ANEURYSM OF HEART	\$0.00
3733	EXCISION OR DESTRUCTION OF OTHER LESION OR TISSUE OF HEART	\$0.00
3734	CATHETER ABLATION OF LESION OR TISSUE OF HEART	\$0.00
3736	EXCISION OR DESTRUCTION OF LEFT ATRIAL APPENDAGE (LAA)	\$0.00
3737	EXCISION OR DESTRUCTION OF OTHER LESION OR TISSUE OF HEART, THORACOSCOPIC APPROACH	\$0.00
374	REPAIR OF HEART AND PERICARDIUM	\$0.00
3741	IMPLANTATION OF PROSTHETIC CARDIAC SUPPORT DEVICE AROUND THE HEART	\$0.00
3743	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER DEVIATOR; DUAL CHAMBER, WITHOUT REPROGRAMMING	\$0.00
3749	OTHER REPAIR OF HEART AND PERICARDIUM	\$0.00
375	HEART TRANSPLANTATION	\$0.00
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	\$414.86
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	\$0.00
3751	HEART TRANSPLANTATION	\$0.00
3752	IMPLANTATION OF TOTAL REPLACEMENT HEART SYSTEMS	\$0.00
3753	REPLACEMENT OR REPAIR OF THORACIC UNIT OF TOTAL REPLACEMENT HEART SYSTEM	\$0.00
3754	REPLACEMENT OR REPAIR OF OTHER IMPLANTABLE COMPONENT OF TOTAL REPLACEMENT HEART SYSTEM	\$0.00
3755	REMOVAL OF INTERNAL BIVENTRICULAR HEART REPLACEMENT SYSTEM	\$0.00
37565	LIGATION OF INTERNAL JUGULAR VEIN	\$201.60
376	IMPLANTATION OF HEART ASSIST SYSTEM	\$0.00

Procedure Code	Description	Rate
3760	IMPLANTATION OR INSERTION OF BIVENTRICULAR EXTERNAL HEART ASSIST SYSTEM	\$0.00
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$210.00
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	\$231.99
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP	\$252.00
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$197.52
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$100.80
3761	IMPLANT OF PULSATION BALLOON	\$0.00
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$256.56
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	\$302.40
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	\$378.00
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	\$210.94
37619	LIGATION OF INFERIOR VENA CAVA	\$1,007.03
3762	IMPLANT OF OTHER HEART ASSIST SYSTEM	\$0.00
3763	REPLACEMENT AND REPAIR OF HEART ASSIST SYSTEM	\$0.00
3764	REMOVAL OF HEART ASSIST SYSTEM	\$0.00
3765	IMPLANT OF AN EXTERNAL, PULSATILE HEART ASSIST SYSTEM	\$0.00
37650	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE	\$168.00
3766	IMPLANT OF AN IMPLANTABLE, PULSATILE HEART ASSIST SYSTEM	\$0.00
37660	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY LIGATURE, INTRAVASCULAR DEVICE	\$294.00
3768	INSERTION OF PERCUTANEOUS EXTERNAL HEART ASSIST DEVICE	\$0.00
3770	INITIAL INSERTION OF LEAD [ELECTRODE], NOT OTHERWISE SPECIFIED	\$0.00
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	\$151.20
3771	INITIAL INSERTION OF TRANSVENOUS LEAD [ELECTRODE] INTO VENTRICLE	\$0.00
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$226.42
3772	INITIAL INSERTION OF TRANSVENOUS LEADS [ELECTRODES] INTO ATRIUM AND VENTRICLE	\$0.00
37722	LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	\$269.76
3773	INITIAL INSERTION OF TRANSVENOUS LEAD [ELECTRODE] INTO ATRIUM	\$0.00
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER A	\$413.01
3774	INSERTION OR REPLACEMENT OF EPICARDIAL LEAD [ELECTRODE] INTO EPICARDIUM	\$0.00
3775	REVISION OF LEAD [ELECTRODE]	\$0.00

Procedure Code	Description	Rate
3776	REPLACEMENT OF TRANSVENOUS ATRIAL AND/OR VENTRICULAR LEAD(S) [ELECTRODE]	\$0.00
37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT	\$100.80
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	\$328.38
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$254.90
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$309.81
3777	REMOVAL OF LEAD(S) [ELECTRODE] WITHOUT REPLACEMENT	\$0.00
3778	INSERTION OF TEMPORARY TRANSVENOUS PACEMAKER SYSTEM	\$0.00
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	\$100.80
37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG	\$42.00
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$231.00
37790	PENILE REVASCULARIZATON, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$252.22
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	\$0.00
3780	INSERTION OF PERMANENT PACEMAKER, INITIAL OR REPLACEMENT, TYPE OF DEVICE NOT SPECIFIED	\$0.00
3781	INITIAL INSERTION OF SINGLE-CHAMBER DEVICE, NOT SPECIFIED AS RATE RESPONSIVE	\$0.00
3782	INITIAL INSERTION OF A SINGLE-CHAMBER DEVICE, RATE RESPONSIVE	\$0.00
3783	INITIAL INSERTION OF DUAL-CHAMBER DEVICE	\$0.00
3784	REMOVAL OF EPICARDIAL ELECTRODE	\$0.00
3785	REPLACEMENT OF ANY TYPE PACEMAKER DEVICE WITH SINGLE-CHAMBER DEVICE, NOT SPECIFIED AS RATE RESPONSIVE	\$0.00
3786	REPLACEMENT OF ANY TYPE PACEMAKER DEVICE WITH SINGLE-CHAMBER DEVICE, RATE RESPONSIVE	\$0.00
3787	REPLACEMENT OF ANY TYPE OF PACEMAKER DEVICE WITH DUAL CHAMBER DEVICE	\$0.00
3789	REVISION OR REMOVAL OF PACEMAKER DEVICE	\$0.00
379	OTHER OPERATIONS ON HEART AND PERICARDIUM	\$0.00
3790	INSERION OF LEFT ATRIAL APPENDAGE DEVICE	\$0.00
3791	OPEN CHEST CARDIAC MASSAGE	\$0.00
3793	INJECTION OF THERAPEUTIC SUBSTANCE INTO PERICARDIUM	\$0.00
3794	IMPLANTATION OR REPLACEMENT OF AUTOMATIC CARDIOVERTER/DEFIBRILLATOR, TOTAL SYSTEM [AICD]	\$0.00
3797	REPLACEMENT OF AUTOMATIC CARDIOVERTER/DEFIBRILLATOR LEAD(S) ONLY	\$0.00
3798	REPLACEMENT OF AUTOMATIC CARDIOVERTER/DEFIBRILLATOR PULSE GENERATOR ONLY	\$0.00

Procedure Code	Description	Rate
3799	OTHER	\$0.00
3800	INCISION OF VESSEL, UNSPECIFIED SITE	\$0.00
3801	INCISION OF VESSEL, INTRACRANIAL VESSELS	\$0.00
3802	INCISION OF VESSEL, OTHER VESSELS OF HEAD AND NECK	\$0.00
3803	INCISION OF VESSEL, UPPER LIMB VESSELS	\$0.00
3804	INCISION OF VESSEL, AORTA	\$0.00
3805	INCISION OF VESSEL, OTHER THORACIC VESSELS	\$0.00
3806	INCISION OF VESSEL, ABDOMINAL ARTERIES	\$0.00
3807	INCISION OF VESSEL, ABDOMINAL VEINS	\$0.00
3808	INCISION OF VESSEL, LOWER LIMB ARTERIES	\$0.00
3809	INCISION OF VESSEL, LOWER LIMB VEINS	\$0.00
3810	ENDARTERECTOMY, UNSPECIFIED SITE	\$0.00
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	\$464.19
38101	SPLENECTOMY (SEPARATE PROCEDURE); PARTIAL	\$439.84
38102	SPLENECTOMY; TOTAL, IN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE	\$161.40
3811	ENDARTERECTOMY, INTRACRANIAL VESSELS	\$0.00
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	\$378.00
3812	ENDARTERECTOMY, OTHER VESSELS OF HEAD AND NECK	\$0.00
38120	LAPAROSCOPY, SURGICAL SPLENECTOMY	\$0.00
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	\$0.00
3813	ENDARTERECTOMY, UPPER LIMB VESSELS	\$0.00
3814	ENDARTERECTOMY, AORTA	\$0.00
3815	ENDARTERECTOMY, OTHER THORACIC VESSELS	\$0.00
3816	ENDARTERECTOMY, ABDOMINAL ARTERIES	\$0.00
3818	ENDARTERECTOMY, LOWER LIMB ARTERIES	\$0.00
382	DIAGNOSTIC PROCEDURES ON BLOOD VESSELS	\$0.00
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	\$58.80
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC	\$44.58
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	\$44.58
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	\$0.00

Procedure Code	Description	Rate
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST	\$0.00
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; WASHING OF HARVEST	\$0.00
3821	BIOPSY OF BLOOD VESSEL	\$0.00
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN HARVEST, T-CELL DEPLE	\$0.00
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	\$0.00
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	\$0.00
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	\$0.00
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	\$0.00
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY	\$0.00
3822	PERCUTANEOUS ANGIOSCOPY	\$0.00
38220	BONE MARROW ASPIRATION	\$118.68
38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	\$126.94
3823	INTRAVASCULAR SPECTROSCOPY	\$0.00
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	\$150.35
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$112.49
3824	INTRAVASCULAR IMAGING OF CORONARY VESSEL(S) BY OPTICAL COHERENCE TOMOGRAPHY (OCT)	\$0.00
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	\$149.74
38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	\$103.90
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS	\$50.77
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	\$70.59
3825	INTRAVASCULAR IMAGING OF NON-CORONARY VESSEL(S) BY OPTICAL COHERENCE TOMOGRAPHY (OCT)	\$0.00
3826	INSERTION OF IMPLANTABLE PRESSURE SENSOR WITHOUT LEAD FOR INTRACARDIAC OR GREAT VESSEL	\$0.00
3829	OTHER DIAGNOSTIC PROCEDURES ON BLOOD VESSELS	\$0.00

Procedure Code	Description	Rate
3830	RESECTION OF VESSEL WITH ANASTOMOSIS, UNSPECIFIED SITE	\$0.00
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$33.60
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$33.60
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$175.03
3831	RESECTION OF VESSEL WITH ANASTOMOSIS, INTRACRANIAL VESSELS	\$0.00
3832	RESECTION OF VESSEL WITH ANASTOMOSIS, OTHER VESSELS OF HEAD AND NECK	\$0.00
3833	RESECTION OF VESSEL WITH ANASTOMOSIS, UPPER LIMB VESSELS	\$0.00
3834	RESECTION OF VESSEL WITH ANASTOMOSIS, AORTA	\$0.00
3835	RESECTION OF VESSEL WITH ANASTOMOSIS, OTHER THORACIC VESSELS	\$0.00
3836	RESECTION OF VESSEL WITH ANASTOMOSIS, ABDOMINAL ARTERIES	\$0.00
3837	RESECTION OF VESSEL WITH ANASTOMOSIS, ABDOMINAL VEINS	\$0.00
3838	RESECTION OF VESSEL WITH ANASTOMOSIS, LOWER LIMB ARTERIES	\$0.00
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	\$280.00
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	\$420.00
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	\$316.41
3839	RESECTION OF VESSEL WITH ANASTOMOSIS, LOWER LIMB VEINS	\$0.00
384	RESECTION OF VESSEL WITH REPLACEMENT	\$0.00
3841	RESECTION OF VESSEL WITH REPLACEMENT, INTRACRANIAL VESSELS	\$0.00
3842	RESECTION OF VESSEL WITH REPLACEMENT, OTHER VESSELS OF HEAD AND NECK	\$0.00
3843	RESECTION OF VESSEL WITH REPLACEMENT, UPPER LIMB VESSELS	\$0.00
3844	RESECTION OF VESSEL WITH REPLACEMENT, AORTA, ABDOMINAL	\$0.00
3845	RESECTION OF VESSEL WITH REPLACEMENT, THORACIC VESSEL	\$0.00
3846	RESECTION OF VESSEL WITH REPLACEMENT, ABDOMINAL ARTERIES	\$0.00
3847	RESECTION OF VESSEL WITH REPLACEMENT, ABDOMINAL VEINS	\$0.00
3848	RESECTION OF VESSEL WITH REPLACEMENT, LOWER LIMB ARTERIES	\$0.00
3849	RESECTION OF VESSEL WITH REPLACEMENT, LOWER LIMB VEINS	\$0.00
3850	LIGATION AND STRIPPING OF VARICOSE VEINS, UNSPECIFIED SITE	\$0.00
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)	\$58.80
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	\$50.36
3851	LIGATION AND STRIPPING OF VARICOSE VEINS, INTRACRANIAL VESSELS	\$0.00
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)	\$58.80
3852	LIGATION AND STRIPPING OF VARICOSE VEINS, OTHER VESSELS OF HEAD AND NECK	\$0.00
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD	\$58.80
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)	\$33.60

Procedure Code	Description	Rate
3853	LIGATION AND STRIPPING OF VARICOSE VEINS, UPPER LIMB VESSELS	\$0.00
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)	\$33.60
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$214.66
3855	LIGATION AND STRIPPING OF VARICOSE VEINS, OTHER THORACIC VESSELS	\$0.00
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE	\$118.22
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; COMPLEX	\$270.18
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	\$361.20
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	\$361.20
3857	LIGATION AND STRIPPING OF VARICOSE VEINS, ABDOMINAL VEINS	\$0.00
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	\$301.55
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$382.25
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING	\$443.35
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	\$0.00
3859	LIGATION AND STRIPPING OF VARICOSE VEINS, LOWER LIMB VEINS	\$0.00
3860	OTHER EXCISION OF VESSELS, UNSPECIFIED SITE	\$0.00
3861	OTHER EXCISION OF VESSELS, INTRACRANIAL VESSELS	\$0.00
3862	OTHER EXCISION OF VESSELS, OTHER VESSELS OF HEAD AND NECK	\$0.00
3863	OTHER EXCISION OF VESSELS, UPPER LIMB VESSELS	\$0.00
3864	OTHER EXCISION OF VESSELS, AORTA	\$0.00
3865	OTHER EXCISION OF VESSELS, OTHER THORACIC VESSELS	\$0.00
3866	OTHER EXCISION OF VESSELS, ABDOMINAL ARTERIES	\$0.00
3867	OTHER EXCISION OF VESSELS, ABDOMINAL VEINS	\$0.00
3868	OTHER EXCISION OF VESSELS, LOWER LIMB ARTERIES	\$0.00
3869	OTHER EXCISION OF VESSELS, LOWER LIMB VEINS	\$0.00
387	INTERRUPTION OF THE VENA CAVA	\$0.00
38700	SUPRAHYOID LYMPHADENECTOMY	\$361.20
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$504.00
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	\$616.10
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$248.92

Procedure Code	Description	Rate
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$374.20
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	\$148.61
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENA CAVA NODES	\$165.12
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	\$335.81
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILI	\$546.00
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)	\$609.91
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENCTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE	\$711.05
38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	\$80.08
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	\$21.47
38794	CANNULATION, THORACIC DUCT	\$84.00
3880	OTHER SURGICAL OCCLUSION OF VESSELS, UNSPECIFIED SITE	\$0.00
3881	OTHER SURGICAL OCCLUSION OF VESSELS, INTRACRANIAL VESSELS	\$0.00
3882	OTHER SURGICAL OCCLUSION OF VESSELS, OTHER VESSELS OF HEAD AND NECK	\$0.00
3883	OTHER SURGICAL OCCLUSION OF VESSELS, UPPER LIMB VESSELS	\$0.00
3884	OTHER SURGICAL OCCLUSION OF VESSELS, AORTA	\$0.00
3885	OTHER SURGICAL OCCLUSION OF VESSELS, OTHER THORACIC VESSELS	\$0.00
3886	OTHER SURGICAL OCCLUSION OF VESSELS, ABDOMINAL ARTERIES	\$0.00
3887	OTHER SURGICAL OCCLUSION OF VESSELS, ABDOMINAL VEINS	\$0.00
3888	OTHER SURGICAL OCCLUSION OF VESSELS, LOWER LIMB ARTERIES	\$0.00
3889	OTHER SURGICAL OCCLUSION OF VESSELS, LOWER LIMB VEINS	\$0.00
389	PUNCTURE OF VESSEL	\$0.00
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S),INCLUDES INJECTION OF NON-RADIO	\$83.39
3891	ARTERIAL CATHETERIZATION	\$0.00
3892	UMBILICAL VEIN CATHETERIZATION	\$0.00
3893	VENOUS CATHETERIZATION, NOT ELSEWHERE CLASSIFIED	\$0.00
3894	VENOUS CUTDOWN	\$0.00
3895	VENOUS CATHETERIZATION FOR RENAL DIALYSIS	\$0.00
3897	CENTRAL VENOUS CATHETER PLACEMENT WITH GUIDANCE	\$0.00
3898	OTHER PUNCTURE OF ARTERY	\$0.00

Procedure Code	Description	Rate
3899	OTHER PUNCTURE OF VEIN	\$0.00
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	\$0.00
390	SYSTEMIC TO PULMONARY ARTERY SHUNT	\$0.00
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH	\$252.01
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; TRANSTHORACIC	\$493.92
391	INTRA-ABDOMINAL VENOUS SHUNT	\$0.00
392	OTHER SHUNT OR VASCULAR BYPASS	\$0.00
39200	EXCISION OF MEDIASTINAL CYST	\$542.21
3921	CAVAL-PULMONARY ARTERY ANASTOMOSIS	\$0.00
3922	AORTA-SUBCLAVIAN-CAROTID BYPASS	\$0.00
39220	EXCISION OF MEDIASTINAL TUMOR	\$680.40
3923	OTHER INTRATHORACIC VASCULAR SHUNT OR BYPASS	\$0.00
3924	AORTA-RENAL BYPASS	\$0.00
3925	AORTA-ILIAC-FEMORAL BYPASS	\$0.00
3926	OTHER INTRA-ABDOMINAL VASCULAR SHUNT OR BYPASS	\$0.00
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	\$0.00
3929	OTHER (PERIPHERAL) VASCULAR SHUNT OR BYPASS	\$0.00
393	SUTURE OF VESSEL	\$0.00
3931	SUTURE OF ARTERY	\$0.00
3932	SUTURE OF VEIN	\$0.00
394	REVISION OF VASCULAR PROCEDURE	\$0.00
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY	\$210.00
3941	CONTROL OF HEMORRHAGE FOLLOWING VASCULAR SURGERY	\$0.00
3942	REVISION OF ARTERIOVENOUS SHUNT FOR RENAL DIALYSIS	\$0.00
3943	REMOVAL OF ARTERIOVENOUS SHUNT FOR RENAL DIALYSIS	\$0.00
3949	OTHER REVISION OF VASCULAR PROCEDURE	\$0.00
39499	UNLISTED PROCEDURE, MEDIASTINUM	\$0.00
395	OTHER REPAIR OF VESSELS	\$0.00
3950	ANGIOPLASTY OR ATHERECTOMY OF NON-CORONARY VESSEL	\$0.00
39501	REPAIR, LACERATION OF DIAPHRAGM	\$515.59
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDOPLASTY, VAGOTOMY, AND/OR PYLOROPLAS	\$613.63
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VE	\$730.80

Procedure Code	Description	Rate
3951	CLIPPING OF ANEURYSM	\$0.00
3952	OTHER REPAIR OF ANEURYSM	\$0.00
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	\$626.42
3953	REPAIR OF ARTERIOVENOUS FISTULA	\$0.00
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL	\$642.32
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL, WITH DILATION OF STRICTURE (WITH	\$563.68
3954	RE-ENTRY OPERATION (AORTA)	\$0.00
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	\$549.85
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	\$572.97
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; PARALYTIC	\$452.02
3955	REIMPLANTATION OF ABERRANT RENAL VESSEL	\$0.00
3956	REPAIR OF BLOOD VESSEL WITH TISSUE PATCH GRAFT	\$0.00
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	\$454.29
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL LOCAL MUSCLE FLAP)	\$622.92
3957	REPAIR OF BLOOD VESSEL WITH SYNTHETIC PATCH GRAFT	\$0.00
3958	REPAIR OF BLOOD VESSEL WITH UNSPECIFIED TYPE OF PATCH GRAFT	\$0.00
3959	OTHER REPAIR OF VESSEL	\$0.00
39599	UNLISTED PROCEDURE, DIAPHRAGM	\$0.00
396	EXTRACORPOREAL CIRCULATION AND PROCEDURES AUXILIARY TO HEART SURGERY	\$0.00
3961	EXTRACORPOREAL CIRCULATION AUXILIARY TO OPEN HEART SURGERY	\$0.00
3962	HYPOTHERMIA (SYSTEMIC) INCIDENTAL TO OPEN HEART SURGERY	\$0.00
3963	CARDIOPLEGIA	\$0.00
3964	INTRAOPERATIVE CARDIAC PACEMAKER	\$0.00
397	ENDOVASCULAR REPAIR OF VESSEL	\$0.00
3971	ENDOVASCULAR IMPLANTATION OF GRAFT IN ABDOMINAL AORTA	\$0.00
3972	ENDOVASCULAR REPAIR OR OCCLUSION OF HEAD AND NECK VESSELS	\$0.00
3973	ENDOVASCULAR IMPLANTATION OF GRAFT IN THORACIC AORTA	\$0.00
3974	ENDOVASCULAR REMOVAL OF OBSTRUCTION FROM HEAD AND NECK VESSEL(S)	\$0.00
3975	ENDOVASCULAR EMBOLIZATION OR OCCLUSION OF VESSEL(S) OF HEAD OR NECK USING BARE COILS	\$0.00
3976	ENDOVASCULAR EMBOLIZATION OR OCCLUSION OF VESSEL(S) OF HEAD OR NECK USING BIOACTIVE COILS	\$0.00
3977	TEMPORARY (PARTIAL) THERAPEUTIC ENDOVASCULAR OCCLUSION OF VESSEL	\$0.00

Procedure Code	Description	Rate
3978	ENDOASCULAR IMPLANTATION OF BRANCHING OR FENESTRATED GRAFT(S) IN AORTA	\$0.00
3979	OTHER ENDOASCULAR GRAFT REPAIR OF ANEURYSM	\$0.00
3981	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS STIMULATION DEVICE, TOTAL SYTEM	\$0.00
3982	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS STIMULATION LEAD(S) ONLY	\$0.00
3983	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS STIMULATION PULSE GENERATOR ONLY	\$0.00
3984	REVISION OF CAROTID SINUS STIMULATION LEAD(S) ONLY	\$0.00
3985	REVISION OF CAROTID SINUS STIMULATION PULSE GENERATOR	\$0.00
3986	REMOVAL OF CAROTID SINUS STIMULATION DEVICE, TOTAL SYSTEM	\$0.00
3987	REMOVAL OF CAROTID SINUS STIMULATION LEAD(S) ONLY	\$0.00
3988	REMOVAL OF CAROTID SINUS STIMULATION PULSE GENERATOR ONLY	\$0.00
3989	OTHER OPERATIONS ON CAROTID BODY, CAROTID SINUS AND OTHER VASCULAR BODIES	\$0.00
399	OTHER OPERATIONS ON VESSELS	\$0.00
3991	FREEING OF VESSEL	\$0.00
3992	INJECTION OF SCLEROSING AGENT INTO VEIN	\$0.00
3993	INSERTION OF VESSEL-TO-VESSEL CANNULA	\$0.00
3994	REPLACEMENT OF VESSEL-TO-VESSEL CANNULA	\$0.00
3995	HEMODIALYSIS	\$0.00
3996	TOTAL BODY PERFUSION	\$0.00
3997	OTHER PERFUSION	\$0.00
3998	CONTROL OF HEMORRHAGE, NOT OTHERWISE SPECIFIED	\$0.00
3999	OTHER OPERATIONS ON VESSELS	\$0.00